

Abstract Form

Abstract is to be typed in a 10 point font/typeface (Times Roman preferred) and must fit in the space below; additional pages may not be submitted.

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Reviewer's signature

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Date: _____

Time: _____

TITLE: INCREASING ORGAN DONATION WITH SURVIVOR BENEFITS: PROPOSAL FOR A PILOT STUDY

DESCRIPTION OF ACTIVITY:

Several well designed surveys have shown that the American public would favor some form of tangible reward to the family of an organ donor. Pennsylvania has enacted a law allowing for defined benefits, and no moral "backlash" or other negative effect to the passage of that law has been widely evident. For many years (and currently) the major impediment to recovering lifesaving organs has been refusal of family members to give consent for organ donation. There is ample evidence that disadvantaged persons donate less often and that the socioeconomic-demographic-racial circumstance of the potential donor family is at the crux of several difficulties in the consent process. No novel prospective, proactive, real time, bedside interventional process to change the motivation of those who are disinclined toward organ recovery has been attempted. In order to determine the effects that offering survivor benefits may have, the following is proposed.

Interested organ procurement agencies will be asked to participate in the study, and professional staff will agree to offer a compassionately and appropriately presented set of highly defined survivor benefits similar to those extant in federal government agencies. During the time of interaction with families in potential donor situations, the following possibilities would be brought to light in discussing the organ donation process: burial funeral expense allowance; a limited one time "life insurance" death gratuity for the family; preferred status should the need for organ transplantation arise in the family; vocational training benefits to a surviving head of household; grief counseling for the family. A donation to a charity chosen by the family could also be considered. The procurement professional could affirm that any survivor benefit would represent the expression of gratitude for a life-saving decision.

DESCRIPTION OF EVALUATION (if completed, provide results):

Evaluation would include noting any change in organ donation rates for participating OPO's, reviewing the organ donation experience with the surviving family members several months post donation, and assessing impact of organ recovery from groups historically not agreeing to organ donation. Since procurement organizations would bear the cost of accepted benefits, fiscal assessment of the program would also be necessary.

The expected impact of the above described pilot study is that organ recovery will increase. Survivor benefits in America are intended to reward life-saving endeavors. Our culture has recognized military service through VA burial and funeral expense allowances, soldier's homes, and cemeteries. Pilot studies incorporating similar benefits discussed at the bedside can be offered in a professional and caring fashion, even in the face of a tragic and unexpected death. Helping families pay for funeral expenses or allowing a survivor benefit would not be coercive as families could still decline organ recovery. Such benefits are common in our society, so their application to organ donation should not be considered unethical. Because organ recovery and organ allocation are entirely separated, there would be no aspect of brokerage in this process. It would not favor the rich; in fact, it would most likely favor the more economically disenfranchised and those not participating in the donation process currently.

The hypothesis to prove (disprove) is that tangible incentives offered to the potential organ donor family will (will not) increase organ donation. If real time, real life, prospectively designed, proactive interventions foster increased organ donation rates, applying such programs across the country might save thousands of lives lost each year because consent for organ recovery is denied.

CONTACT:

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